

EXAM 2 FOR FRIDAY, AUGUST 12

CHAPS. 16 (CANCER), 30 (HEMATOLOGY), 31 (HEMATOLOGY PROBLEMS)

TOPICS FOR STUDY - 50 QUESTION TEST

Pay particular attention to the assorted boxes, tables, and other 'parentheticals' in your textbooks!

KNOW

CANCER

1. The difference between benign and malignant cancer cells.

Benign cells ~~can~~ can resemble normal cells and are named by the tissue they originate from. Usually surrounded by a (fibrous sheath) that inhibits their behavior to

2. How is it that malignant cells are not always rapid-growing. act as malignant cells, they can still cause mass effect by pressing on vulnerable tissue (Brain).

3. The adverse effects of intravesicular chemotherapy

Cytotoxic + Gastrointestinal toxicity (1-5 day after 1st treatment) [myelosuppression, ① Neutropenia, ② thrombocytopenia]
① Effects and fast growing cell in body [finger nails, hair, Intestinal mucosa]

4. All about bladder cancer.

Most common type is [transitional cell carcinoma also called Urothelial cell carcinoma]
S/S → Hematuria, Hematuria, pain during urination, polyuria, Causes #1 Smoking, occupational risk exposure to carcinogens like mechanics, and ppl. who use hair dye.

5. The risks associated with cigarette smoking as related to cancer.

The carcinogens in cigarette ↑ chances of all cancers,

6. How large a tumor has to be in order to be detected by current screening methods. 2.65

1cm palpation; 0.5 scanning

7. How to treat diarrhea, the common side effect of chemotherapy agents.

Low residue diet (Low Fiber) to prevent stimulation, & dairy, & food that ↑ gas, 8-10 clear liquid, & greasy-fatty food, Meds. Lomotil (diphenoxylate), + Brut diet, Bananas, Drink at room temp.

8. The diet advice for a patient undergoing chemotherapy

Read above.

9. What the increased risk is for colon cancer and the nursing action in this. IBD, Age, Diet, overweight, teach proper nutrition, Importance of screening, smoking, Polyps, Genetics, Life style changes (activity lol.) Avoid alcohol, cessation of smoking.

10. About cervical cancer in situ.

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Early form of carcinoma - stage 0. The ~~neoplastic~~ neoplastic cells have not penetrated the surrounding cells, precursor to invasive carcinoma. No potential to metastasis unless it progresses to full cancer. Can be removed (excised) or burned via laser.

11 All about clinical cancer staging. *Not all cancers have a staging system.*

Stage I - In situ carcinoma Stage II - cancer is locally advanced,

stage I - localized to one part of body stage III - Also locally advanced but $>$ stage II

12. How increased PSA relates to biopsy - what is indicated. Stage IV - metastatic

Can be a sign of prostate cancer but many non-cancerous causes exist - stage II - metastasized Ejaculation

① Benign prostatic hyperplasia ② Prostatitis ③ Biopsy of prostate with ↑ PSA ④ Recent Ejaculation

13. The risk of recurrence in various kinds of cancer, particularly breast cancer in

postmenopausal women.] Estrogen. ↑ risk of breast cancer - because it stimulates growth and supports growth of estrogen. ⑤ High risk exam ⑥ Bike riding

postmenopausal women.] Estrogen. Risk of breast cancer - because it stimulates the growth breast cells, and supports growth of estrogen responsive tumors. Progesterone also has this effect. Progesterone levels spike during postmenopausal period. Women should avoid estrogen therapy. ~~and progesterone therapy~~ ^{postmenopausal}

14. What a de-bulking surgery is and when is it appropriate.

DEF: Removing a part of a malignant tumor via surgery. The tumor cannot be excised totally so this is the only reduction method. Can make chemo + radiation more effective.

15. The radiation effect on the various organs; the recommended diet and teaching you'd provide.

Diet depends on where radiation is targeting. High calorie and high protein are most

16. When you would recommend vigorous exercise to a cancer patient...under what *circumstances*

circumstances. may slow prostate cancer, may aid in weight loss. ~~Immunosuppressants~~

~~As~~ need to look up in book

17. About whether or not a patient can go swimming when he or she expresses an interest to do

so after surgery. ~~Not~~ Skin must be fully intact

18. When to administer anti-emetic drugs to patients receiving chemotherapy and which ones you-

would give... know them. Zofran, Anzemet, Nauseban, Compazine, ~~Phenergan~~

~~Chloroform~~, ~~Chloroform~~ meto clopramide, mard nel \rightarrow marijuana.

19. When you stop the IV on a patient receiving chemotherapy.

see text, tech. Question.

20. How to counsel a breast cancer patient, who is concerned about hair loss due to

chemotherapy *See* text,